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Box Patent Application

Assistant Commissioner for Patents

Washington, District of Columbia 20231

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: Sarah Vogel

Applicant #2, Name: _____

Title: Hair Clip Inner Protector

☒ Specification, Claims, and Abstract: Nr. of Sheets SK 8

☐ Declaration: Date Signed: _____

☒ Drawing(s): Nr. of Sheets Enc.: Formal: _____ Informal: 4

☐ Small Entity Declaration of Inventor(s)

☐ SED of Non-Inventor / Assignee / Licensee

☒ Assignment enclosed with cover sheet and recordal fee; please record and return.

☒ Check for \$ 345 for:

☒ \$ 345 for filing fee (not more than three independent claims and twenty total claims are presented).

☐ \$ _____ additional if Assignment is enclosed for recordal.

☐ Disclosure Document Program reference letter.

☐ Pursuant to 35 U.S.C. §119(e)(i), applicant(s) claim priority of Provisional Patent Application Ser. Nr. _____ filed _____

☒ Return Receipt Postcard Addressed to Applicant #1.

☐ **Request Under MPEP § 707.07(j):** The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

Sarah Vogel
Applicant #1 Signature

Applicant #2 Signature _____

4116 Seventh Ave
Address (Send Correspondence Here)

Address _____

Menlo Park, CA 94025-1845

Express Mail Label #

; Date of Deposit 199 _____

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Fee Transmittal

First-Named Applicant Sarah Vogel
Title of Invention: "Hair Clip Inner Protector"
Total Payment Enclosed (From Calculation Below): \$ 345 ☒ Check ☐ Money Order

Sir:

Enclosed is the following small entity filing fee for the above patent application:

Fee Code	Fee Description	Fee (\$)
214	Provisional Pat. Appn. Filing Fee	345
201	Basic Utility Appn. Filing Fee	<u>345</u>
206	Basic Design Appn. Filing Fee	
	Subtotal (1)	
203	Total Claims: _____ - 20 = _____; X _____ (fee for each claim over 20) = _____	
202	Tot. Indep. Claims: _____ - 3 = _____; X _____ (fee for each indep. claim over 3) = _____	
	Subtotal (2)	
Total Payment Enclosed [Sum of Subtotals (1) and (2)]		<u>345</u>

Very respectfully,

Sarah Vogel
Signature of First-Named Applicant

Sarah Vogel
Print Name of First-Named Applicant

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